

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-008629

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

SL 1003

Registrar's No.

2232

FILED FEB 28 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

DOCUMENT

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN ST. LOUIS, MISSOURI

Length of stay in 1b

4 DAYS

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION VAH, ST. LOUIS, MO.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY

c. CITY

OR  
TOWN

ST. LOUIS

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

5830 Clemens

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
WILLIAM E.

Middle

RICHARDS

Last

4. DATE  
OF  
DEATHMonth Day Year  
FEBRUARY 22, 1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

12-25-80

## 9. AGE (last birthday)

81

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR.

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

ACCOUNTANT

## 10b. KIND OF BUSINESS OR INDUSTRY

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## 11. BIRTHPLACE (City and state or country)

CHICAGO, ILLINOIS

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

EDWARD RICHARDS

## 13b. MOTHER'S MAIDEN NAME

SARAH TRAVIS

## 14. NAME OF HUSBAND OR WIFE

UNKNOWN

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES

WW1

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

MARIE MEINHARDT, 543 BELLERIVE, ST. LOUIS

## 18. CAUSE OF DEATH (Enter only one cause per line

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARDIAGENIC SHOCK

INTERVAL BETWEEN

ONSET AND DEATH

DUE TO (b)

MYOCARDIAL INFARCTION

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (c)

ASHD

4200H

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

G. I. BLEEDING FROM CARCINOMA RECTUM

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. VA

attended the deceased from

2-19-62

to 2-22-62

XXXX

2-22-62

Death occurred at

9:30 PM

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Do not print name)

M. DONATI

## 22b. ADDRESS

M.D.

VAH, ST. LOUIS, MISSOURI

## 22c. DATE SIGNED

2-23-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

## 23b. DATE

2-26-62

## 23c. NAME OF CEMETERY OR CREMATORY

Valhalla Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis County

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Alexander &amp; Sons, 6175 Delmar Blvd.

## 25. DATE RECD. BY LOCAL REG.

FEB 24 1962

## 26. REGISTRAR'S SIGNATURE

Kearl Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*J. Allen Davis Jr*  
*Feb 27, 1962*

Licensed Embalmer No. *4053*

P. O. Address *St. L*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

- - If this body is not embalmed, fact should be so stated above.